

Audits Branch – Bay and Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

September 21, 2009

Nancy Pena, Ph.D., Director Santa Clara County Valley Health & Hospital System Mental Health Department 828 South Bascom Avenue, Suite 200 San Jose, CA 95128

Dear Dr. Pena:

Santa Clara County Mental Health Services Settlement Agreement Fiscal Period Ended June 30, 2004

In accordance with California Welfare and Institutions Code Section 14171, the audit report for Santa Clara County Mental Health Services for the fiscal period ended June 30, 2004, has been revised to incorporate of the agreements reached between the parties.

In our opinion, the amounts shown in the accompanying Summary of Federal Share of Federal Short-Doyle/Medi-Cal per agreement (Schedule 1) represent the net amount allowable according to the above mentioned statute.

The effect of this revised allowable program costs is as follows:

#### **Net Program Costs**

	As Audited	As Revised	Adjustment
Federal Share of Short-Doyle/Medi-Cal	\$39,394,044	\$39,673,929	\$279,885
State General Funds EPSDT Due County	\$8,515,620	\$8,609,646	\$ 94,026

If you have any questions, please give Tony Gaan a call at (510) 622-2579.

Sincerely,

ALTER J. HILL, Jr. MBA, EA

Chief of Audits

TONY GAAN, Supervisor

Audits Branch - Bay and Central Region

**Enclosure** 

Certified Mail

# SANTA CLARA COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2004

			As Audited		Audit Adjustments		As Revised
NET REIMBURSABLE MEDI-CAL		_					<del></del> -
PROGRAM COSTS							
COUNTY PROVIDERS							
MEDI-CAL - FFP	(Sch. 2a)	\$	15,913,884	\$	39,697	\$	15,953,581
HEALTHY FAMILIES - FFP	(Sch. 2a)		0		0		0
TOTAL FFP - COUNTY PROVIDERS	, ,	\$_	15,913,884	\$_	39,696	\$_	15,953,580
CONTRACT PROVIDERS							
MEDI-CAL - FFP	(Sch. 3b)	\$	23,462,224	\$	240,189	\$	23,702,413
HEALTHY FAMILIES - FFP	(Sch. 3b)		17,936		0		17,936
TOTAL FFP - COTRACT PROVIDERS		\$ _	23,480,160	\$_	240,189	\$_	23,720,349
TOTAL FFP - COUNTY PLUS CONTRACT P.	ROVIDERS						
MEDI-CAL - FFP		\$	39,376,108	\$	279,886	\$	39,655,994
HEALTHY FAMILIES - FFP			17,936		0	_	17,936
TOTAL FFP - COUNTY PLUS CONTRACT P	ROVIDERS	\$	39,394,044	\$ =	279,885	\$_	39,673,929
SUMMARY OF STATE GENERAL FUNDS							
EPSDT - SGF	(Sch 4)		8,515,620		94,026	\$	8,609,646
Didd: Do.	(50114)	_	<u> </u>	=	74,050	<b>.</b> "=	5,557,040

# SANTA CLARA COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

#### COUNTY OPERATED FEDERAL

CO	UNIT OF ERATED PEDERAL					Audit		
				As Audited		Adjustments		As Revised
Tota	I Medi-Cal Gross Reimbursement		_		-		_	
1.	Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	5,933,591	\$	0	S	5,933,591
2.	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		13,910,589		9,511		13,920,100
3.	Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		. ,		0		0
4.	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		72,568		0		72,568
5.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		1,181		0		1,181
7.	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8.	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		0		0		0
9.	Total	,	\$ <u></u>	19,917,929	\$	9,511	\$_	19,927,440
Lec	s: Patient & Other Payor Revenues							
	Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	785,802	\$	0	\$	785,802
	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	•	178,052	*	0	•	178,052
12,	•	(MH 1968, Ln 29)		0		0		0
13.	Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0		0
14.	•	(MH1968, Ln 30)		0		0		0
	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
	Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17.	•	(MH 1968, Ln 31)		0		0		0
	Total	(***** *****, <b>2</b> * * * * * * * * * * * * * * * * * *	\$_	963,854	\$	0	\$	963,854
Me	di-Cal Net Reimbursement for Direct Services							
	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	5,147,789	\$	0	\$	5,147,789
20.	•	(Ln 2,4 - Ln 11,13)	•	13,805,105	•	9,511	•	13,814,616
21.		(Ln 5 - Ln 14)		0		0		0
	Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		1,181		0		1,181
23.		(Ln 7 - Ln 16)		0		0		0
	Healthy Families-O/P	(Ln 8 - Ln 17)		0		0		0
	Total	(=:: =:: -,,	\$ _	18,954,075	_ \$	9,511	- - - -	18,963,586
Me	di-Cal MAA Reimbursement							
	Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	9,782	\$	0	\$	9,782
	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	Ψ	343,299	w	0	J	343,299
	Service Functions 21-19	(MH1979, Ln 12, Col. A) (MH1979, Ln 13, Col. A)		32,336		0		32,336
	Total	(min 1272, Eli 13, COL A)	s -	385,417	_	0	- \$-	385,417
٠,	1 Otto		<b>₽</b> =	707,417	= 🍑		<b>-</b> " :	114,00

# SANTA CLARA COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL					Audit		
			As Audited	_	Adjustments	_	As Revised
Amount Negotiated Rates Exceed Cost							
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0	\$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0		0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	_	0		0	_	0
36. Total		\$	0	. \$ _	0	\$ =	
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	s	9,926,230	\$	69,321	S	9,995,551
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ —	13,066,075		07,527	-	13,066,075
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$ -	9,926,230	. • - • • •	69,321	-	9,995,551
33. Moes our Remoulsonion	(Lewer of Elist, Elist)		7,720,230	= " =	07,327	: "=	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Lim	it (MH1979, Ln 8)	\$	2,760	\$	0	\$	2,760
41. Healthy Families Administration	(MH1979, Ln 9)	\$_	0	\$	0	\$	0
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$ _	0	\$	0	\$	0
Utilization Review Reimbursement	÷						
43. Skilled Professional	(MH1979, Ln 14, Col. D)	¢	715,469	\$	0	\$	715,469
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	===	192,996	= :		•	192,996
		_			<u> </u>		
Net SD/MC Reimbursement - FFP							
45. Direct Services	(MH1979, Ln 16,16A)	\$	10,068,527	\$	5,035	\$	10,073,563
46. Enhanced (Children)	(MH1979, Ln 17,17A)		47,169		0		47,169
47. Enhanced (Refugees)	(MH1979, Ln 18)		1,181		0		1,181
48 MAA	(MH 1979, Ln 11, 12 & 1	3)	200,792		0		200,792
49. Administrative Reimbursement	(MH1979, Ln 6)		4,963,115		34,661		4,997,776
50. U.R. Skilled Professional	(MH1979, Ln 14)		536,602		0		536,602
51. U.R. Other	(MH1979, Ln 15)		96,498		0		96,498
52. Negotiated Rate-Payback	(MH1979, Ln 20)		0		0		0
53. Subtotal- FFP		\$_	15,913,884	<b>\$</b>	39,696	\$	15,953,581
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0	\$	0
55. Quality Assurance Review Results	(Adj # )	_	0		0	_ •	0
56 T. 1000MGD.: 1		_		_	20.606	_	15.052.501
56. Total SD/MC Reimbursement - FFP		\$ <u>_</u>	15,913,884	= 3	39,696	= 2	15,953,581
Net Healthy Families Reimbursement - FFP	0.000.000.000.000.000	_	•			•	
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	0		0	\$	0
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)		0		0		0
59. Administrative Reimbursement	(MH1979, Ln 10)	_	0	_	0	-	0
60. Total Healthy Families Reimbursement - FFP		\$ =	0	= \$	0	= \$	0
61. Total - FFP (Ln 56 + Ln 60)		\$_	15,913,884	_ \$	39,696	_ \$	15,953,581
		=				_	(To Sch. 1)

#### SANTA CLARA COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

		9	(1)	(2)	(3)	(4)	(5)	(6)		(7)	(8)	(4)	(10)
			Medi-Cal	Enhanced -	Enhanced -	Total	Healthy	Medi-C	al	Enhanced -	Enhanced -	Total	Healthy
Legal			and Crossover	Children	Refugees	Gross Cost	Families	and Cross		Children	Refugees	Gross Cost	Families
Entity		_	Gross Cost	Gross Cost	Gross Cost	(Excl. HFP)	Gross Cost	Gross C	ost	Gross Cost	Gross Cost	(Excl. HFP)	Gross Cast
<u>Number</u>	Legal Entity	l		I N P	A T I E					OUT		I E N T	
			(MH 1968,	(MH 1968,	(MH 1968,	(Col. 1 to 3)	(MH 1968,	(MH 196		(MH 1968,	(MH 1968,	(Col. 6 to 8)	(MH 1968,
			Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)	Ln 5, 5A, 10	),10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)
00144 A	Achieve	\$	0 \$	0 \$	0 \$	0 \$	0 \$	430	6,600 \$	5,001 \$	0	\$ 441,601	\$ 0
00150 F	Family & Children Services	\$	0 \$	0 \$	0 \$	0 \$	0 \$	81:	789 \$	16,619 \$	0	\$ 829,408	
00151 A	AACI	\$	0 \$	0 \$	0 \$	0 \$	0 \$	1,46	,580 \$	45,922 \$	0	\$ 1,507,502	\$ 13,736
00153 C	Catholic Charities	\$	0 \$	0 \$	0 \$	0 \$	0 \$		1,477 \$		0		
	Chamberlain's	\$	0 \$	0 \$	0 \$	0 \$	0 \$		5,590 \$		0		
	Eastfield Ming Quong, Inc.	\$	0 \$	0 \$	0 \$	0 \$	0 \$		,930 \$		0		
	Hope Rehabilitation Services	\$	0 \$	0 \$	0 \$	0 \$	0 \$		,346 \$		0		
	ndian Health Center	\$	0 \$	0 \$	0 \$	0 \$	0 \$		,651 \$	65D <b>\$</b>	0		
	nn Visions	\$	0 \$	0 \$	0 \$	0 \$	0 \$		,081 \$		0		
	Mekong Community Center	\$	0 \$	.0 \$	0 \$	0 \$	0 \$		,741 \$	0 \$	0		
	Jjima	\$	0 \$	`o \$	0 \$	0 \$	0 \$		,510 \$	18,165 \$	0		
	Community Solutions	\$	0 \$	0 \$	0 \$	0 \$	0 \$		,973 \$	19,283 \$	0	-,,	
	Children's Health Council	5	0 \$	0 \$	0 \$	0 \$	0 \$		,992 \$	5,933 \$	0		
	Sardner Family Care Corp.	3	0 \$	0 \$ 0 \$	0 \$ 0 \$	0 \$	0 \$ 0 \$		952 \$ 728 \$	64,354 \$	362		
	Odd-Fellow Rebeka	3	0 \$ 0 \$		0 \$	0 \$ 0 \$	0 \$		539 \$	27,049 \$	0		
	Alliance for Community Care	•	0 \$ 0 \$	0 \$ 0 \$	0 \$	0 \$	0 \$		.024 \$	23,677 <b>\$</b> 0 <b>\$</b>	0		
	Grace Baptist Starlight Adolescent	9	0 \$	0 \$	0 \$	0 \$	0 \$		,295 \$	19,834 \$	0		
	astem European Serv. Agy	æ	0 \$	0 \$	0 \$	0 \$	0 \$		,285 \$	0 \$	1,343		
	Dasis Care, Inc.	ě	0 \$	0 \$	0 \$	0 \$	0 \$		,984 \$	0 \$	1,545		\$ 0
01031 C	Dasis Care, Inc.	4	0 \$	0.3 0.\$	0 \$	0 \$	0 \$	2,030	0 \$	0 \$	0		\$ 0
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_	PRAND TOTAL							44 000	067 4	300 300 #	4700	44 702 072	\$ 27.50°
G	RAND TOTAL	٠ <u>٠</u>	0 \$	0 \$	0_\$	0 \$	0 \$	44,333	067 \$	369,206 \$	1,705	\$ 44,703,978	\$ 27,595

#### SANTA CLARA COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

Legal Entity <u>Number</u>	<u>Legal Entity</u>	ľ	(11) Total Revenue (Excl. HFP)  IN PATI (MH 1968, Ln 28 to 30)	(121 Healthy Families Revenue E.N. T	(13) Total Revenue (Excl. HFP) D: U:T:P:A (MH 1968, Ln 28 to 30)	(14) Healthy Families Revenue  1.1 E.N. 1  (MH 1968, Ln 31)	(15) Total Net Cost (Excl. HFP) (Col 4-11)	Net Cost Healthy Families A T I E N T (Col 5-12)	(17) Total Net Cost (Excl. HFP) (Col 9-13)	Net Cost Healthy Families FATUENT (Col 10-14)	(19). Total MAA FFP Reimbursement (MH 1979, Ln 11-13)
00144	Achieve	\$	0 \$	0 \$		0			\$ 441,601		0
00150	Family & Children Services	\$	0 \$	0 \$			\$ 0				
00151	AACI	\$	0 \$	0 \$	0 \$	0	\$ 0	\$ 0			6 0
00153	Catholic Charities	\$	0 \$	0 \$	0 \$	0	\$ 0	•			6 0
00154	Chamberlain's	\$	0 \$	0 \$	0 \$	0	\$ 0	\$ 0	\$ 759,577		0
00156	Eastfield Ming Quong, Inc.	\$	0 \$	0 \$	0 \$	0	\$ 0	\$ 0	\$ 12,312,626	s \$ 7,754 \$	6 0
00157	Hope Rehabilitation Services	\$	0 \$	0 \$	0 \$	0	\$ 0	\$ 0	\$ 833,346	; <b>\$</b> 0 \$	0
00158	Indian Health Center	\$	0 \$	0 \$	0 \$	0	\$ 0	\$ 0	\$ 190,301	\$ 0 9	6
00159	Inn Visions	\$	0 \$	0 \$	0 \$	0 :	\$ 0	\$ 0	\$ 121,081	\$ 0 9	s c
00160	Mekong Community Center	\$	0 \$	0 \$	0 \$	0 :	\$ 0	\$ 0	\$ 324,741	\$ 0.5	6 0
00163	Ujima	\$	C \$	0 \$	0 \$	0 :	\$ 0	\$ 0	\$ 492,675	\$\$ 0 \$	0
00164	Community Solutions	\$	0 \$	0 \$	0 \$	0 :	5 0	\$ 0	\$ 2,025,256	5 \$ 0 \$	. 0
00250	Children's Health Council	\$	0 \$	0 \$	0 \$	0 :	\$ 0	\$ 0	\$ 224,925	\$ 425 \$	. 0
00251	Gardner Family Care Corp.	\$	0 \$	0 \$	0 \$	0 :	\$ 0	\$ .0	\$ 3,253,668	\$\$ 340 \$	6 0
00255	Odd-Fellow Rebeka	\$	0 \$	0 \$	0 \$	0 9	6 0	\$ 0	\$ 3,575,777	\$ 5,340 \$	
00689	Alliance for Community Care	\$	0 \$	0 \$	54,183 \$	0 :	3 0	\$ 0	\$ 10,939,033	· \$ 0 \$	0
00716	Grace Baptist	\$	0 \$	0 \$	0 \$	0 :	5 0	\$ 0	\$ 546,024	. \$ 0 \$	. 0
00840	Starlight Adolescent	\$	0 \$	0 \$	0 \$	0 :	3 0	\$ 0	\$ 3,342,129	• \$ 0 \$	0
00959	Eastern European Serv. Agy	\$	0 \$	0 \$	0 \$	0 \$	0	\$ 0	\$ 253,628	\$ 0 \$	0
01031	Oasis Care, Inc.	\$	0 \$	0 \$	12,436 \$	0 9	0	\$ 0	\$ 2,026,548	\$ 0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0	\$ 0	\$ 0	\$ 0 \$	. 0
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0		0 \$	0 \$	0 \$	0 \$	0 9	0	\$ 0	\$ 0	\$ 0 \$	0
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	GRAND TOTAL	<b>\$</b> _	0 \$	<u>0</u> \$	66,619 \$	0 \$	0	\$	\$ 44,637,359	\$ <u>27,595</u> \$	

#### SANTA CLARA COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

	:	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
	-	Neg. Rates	Neg. Rates	Neg. Rates	Neg. Rates		***************************************			20000000000 <del>00</del> 00 <b>0</b> 000000000
Legal		Exceed Costs	Exceed Costs	Exceed Costs	Exceed Costs	Total SD/MC	Healthy Families	Total	FFP	Lower of FFP
Entity		(Excl. HFP)	Healthy Families	(Excl. HFP)	<b>Healthy Families</b>	Reimbursement	Reimbursement	Reimbursement	Contract	or Contract
Number	Legal Entity	INP 4	ATIENT		ATTENT	(FFP)	(FFP)	(FFP)	Maximum	Maximum
		(MH 1968,	(MH 1968.	(MH 1968,	(MH 1968.	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
		Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)	(	(	(002120)		
				,	, ,					
00144	Achieve	\$ 0					0 \$	235,926 \$	597,010	235,926
00150	Family & Children Services	\$ 0	\$ 0 :					442,641 \$		
00151	AAC1	\$ 0	\$ 0:					818,416 \$		
00153	Catholic Charities	\$ 0	\$ 0 :					340,483 \$	430,812	340,483
00154	Chamberlain's	\$ 0	\$ 0:			\$ 406,308 \$	0 \$	406,308 \$	422,286	
00156	Eastfield Ming Quong, Inc.	\$ 0	\$ 0 :	\$0\$	0 9	6,576,294 \$	5,040 \$	6,581,334 \$	8,333,958	6,581,334
00157	Hope Rehabilitation Service	\$ 0	\$ 0:	\$ 24,286 \$	0 9	, 400,001 <b>4</b>		438,687 \$	551,571	438,687
00158	Indian Health Center	\$ 0	\$ 0:	\$0\$	. 0 9	101,666 \$	0 \$	101,666 \$	163,291	101,666
00159	Inn Visions	\$ 0	\$ 0:	\$ 18,277 \$	0 9	60,109 \$	0 \$	60,109 \$	324,518	60,109
00160	Mekong Community Center	\$ 0	\$ 0 9	\$ 0 \$	0 9	173,165 \$	0 \$	173,165 \$	204,321	173,165
00163	Ujima	\$ 0	\$ 0 9	\$ 165,232 <b>\$</b>	0 9	222,923 \$	0 \$	222,923 \$	309,824	222,923
00164	Community Solutions	\$ 0	\$ 0 9	\$ 0 \$	0.9	1,081,977 \$	0 \$	1,081,977 \$	1,335,490	1,081,977
00250	Children's Health Council	\$ 0	\$ 0 9	\$ 0 \$	0.9	120,165 \$	276 \$	120,441 \$	193,490	120,441
00251	Gardner Family Care Corp.	\$ 0	\$ 05	\$ 0 \$	0 \$	1,741,255 \$	221 \$	1,741,476 \$	2,464,669	1,741,476
00255	Odd-Fellow Rebeka	\$ 0	\$ 0 9	\$ 0 \$	0 \$	1,909,960 \$	3,471 \$	1,913,431 \$	1,991,398 \$	1,913,431
00689	Alliance for Community Can	\$ 0	\$ 0 9	\$ 0 <b>\$</b>	0.9	5,838,951 \$	0 \$	5,838,951 \$	9,253,306	5,838,951
00716	Grace Baptist	\$ 0	\$ 0.5	s · os	. 0 \$	291,824 \$	0 \$	291,824 \$	300,000 \$	291,824
00840	Starlight Adolescent	\$ 0	\$ 0 5	5 0 \$	0 \$	1,692,965 \$	0 \$	1,692,965 \$	2,614,956	1,692,965
00959	Eastern European Serv. Ag	\$ 0	\$ 0.5	0 \$	0 \$	135,818 \$	0 \$	135,818 \$	149,149 \$	135,818
01031	Oasis Care, Inc.	\$ 0	\$ 0.5	0 \$	0 \$	1,081,808 \$	0 \$	1,081,808 \$	1,461,886 \$	1,081,808
0	. 0	\$ 0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0	0	\$ 0	\$ 0.5	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0	0	\$ 0	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
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0	0	\$ 0	\$ 0.5	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
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3	0 .	<b>.</b>	Ψ U 3	, 0 5	0 3	0 3	0 \$	0.3	U 3	U
	GRAND TOTAL	s 0	\$	213,237 \$		23,702,413 \$	17,936 \$	23,720,349 \$	22 612 526 #	22 720 240
	GIVARD I O I AL	J	ν <u> </u>	213,237 ¥		23,702,413 \$	17,930 \$	23,720,349 \$	32,612,536 \$	23,720,349

#### SANTA CLARA COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2004

		_	As Audited		Audit Adjustments	As Revised
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 1	8) (including contractors)	\$	57,991,015	\$	462,141 \$	58,453,156
(2) Total SD/MC Claims			61,449,985		0	61,449,985
(3) Percent % (Line 1/Line 2)			0.9437		0.0075	0.9512
(4) EPSDT Claims			29,828,238		0	29,828,238
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)			28,148,908		223,712	28,372,620
(6) Cost Settled Baseline for EPSDT			9,460,452		0	9,460,452
(7) Net Cost Settlement Amount (Line 5 - Line 6)			18,688,456		223,712	18,912,168
(8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)			8,727,509		104,473	8,831,982
(8a) FY 2001-02 EPSDT Settlement			6,608,623		0	6,608,623
(8b) Annual Local Growth (L. 8 - 8a)			2,118,886		104,473	2,223,359
(9) County Match 10% of Local Growth (8b x 10%)			211,889		10,447	222,336
(10) Net Cost Settlement Amount (L. 8 - 9)	(Adjustment 7)		8,515,620		94,026	8,609,646
(11) SGF Distribution (Audited and Revised)			8,515,620		0	8,515,620
(12) SGF Due County	(Adjustment 8)	\$_	0	. \$ _	94,026 \$	94,026
		_		_		(To Sch. 1)

#### Source

- (1) Total CFRS SD/MC actuals after final Settlement (Col. !) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2003-2004, includes increase for FFS/MC provider rate increase.
- (7) Settlement amount prior to 10% match calculation (8) (9)
- (11) SGF gross distribution (This amount reflects what is included in the audit report dated May 20, 2009.
- (12) Amount owed back to the state cannot be more than was advanced.

# SANTA CLARA COUNTY HEALTH AND HUMAN SERVICES AGENCY MANAGEMENT COMMENTS AND RECOMMENDATIONS FOR FISCAL PERIOD ENDED JUNE 30, 2004

#### 1. COMMENT: REVISED EPSDT STATE GENERAL FUND SETTLEMENT

The attached revised Schedule 4 entitled "Computation of EPSDT State Share per Audit" shows \$94,026 due to the County in State General Funds (Line 12). However, the State General fund appropriation for fiscal year 03-04 has reverted which means that there are no SGF available with which to make such a payment. Following are quotes from pertinent sections of the Government Code concerning SGF appropriations, reversions and payments:

#### Section 16304

"An appropriation shall be available for encumbrance during the period specified therein, or, if otherwise not limited by law, <u>for three years</u> after the date upon which it first became available for encumbrance. (Emphasis added)

#### Section 16304.1

"Upon the expiration of two years, or four years in the case of a fund made up of federal funds, following the last day of the period of its availability, the undisbursed balance in any appropriation shall revert to and become a part of the fund from which the appropriation was made. Subsequent to reversion any unpaid encumbrance against the appropriation may be paid from the current appropriations available for the same purpose....."

Note: County's response has not been received before this audit was issued.

Provide	er				Provider Number	No. of Adj.	Fiscal P	eriod Ended
	SANTA CLAF	RA COU	NTY		00043	8	June	30, 2004
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS	Audited	(Decrease)	Revised
				ADJUSTMENTS TO REPORTED MEDICAL UNI COUNTY PROVIDERS - PROGRAMS 1 AN		·		
1	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL		1,235,476 3,474,426 48,978 44,841 7,519 19,456 219 0 0 4,830,915	0 111 0 0 0 0 0 0 0	1,235,476 3,474,537 48,978 44,841 7,519 19,456 219 0 4,831,026
2	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 100	TOTAL TOTAL TOTAL TOTAL	To adjust the SD/MC units of service/time to reflect the latest cha Summary of Approved Claims Report dated August 5, 2009.  ADJUSTMENTS TO REPORTED MEDICAL UNIT CONTRACT PROVIDERS  MEDI-CAL UNITS 07/01/03 - 09/30/03  MEDI-CAL UNITS 10/01/03 - 09/30/04  MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/04  MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 09/30/04  ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/04	** ** ** **	4,268,053 12,374,576 1,010 384 32,997	0 71,097 0 0 0	4,268,053 12,445,673 1,010 384 32,997
3	MH 1966A MH 1966A MH 1966A MH 1966A	10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL	ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL  To adjust the SD/MC units of service/time to reflect the latest char Summary of Approved Claims Report dated August 5, 2009.	nges to the DMH	132,232 936 2,008 8,946 16,821,142	2,235 0 0 0 73,332	134,467 936 2,008 8,946 16,894,474
				* Balance carried forward to subsequent adjustment.  * Balance brought forward from prior adjustment.				

Provide	SANTA CLAF	RA COUN	NTY		Provider Number 00043	No. of Adj. 8		Period Ended 30, 2004
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS	Audited	(Decrease)	Revised
				ADJUSTMENTS TO REPORTED SD/MC SETTL COUNTY PROVIDERS				45.050.504
4	MH 1979 MH 1979	23 27	) J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SE TOTAL HEALTHY FAMILIES REIMBURSEMENT TOTAL REIMBURSEMENT - COUNTY PROVIDERS	/MC)	\$ 15,913,884 \$ 0 \$ 15,913,884	\$ 39,697 \$ 0 \$ 39,697	\$ 15,953,581 \$ 0 \$ 15,953,581
				To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Familie to adjustments to units of service/time.	es (FFP) due			
					,			
				Balance carried forward to subsequent adjustment.     Balance brought forward from prior adjustment.				,

Provider	SANTA CLAF	A COUN	JTY		Provider Number 00043	No. of Adj. 8		Period Ended 30, 2004
	Report Refe					As	Increase	As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS	Audited	(Decrease)	Revised
110.				ADJUSTMENTS TO REPORTED SD/MC SETTL CONTRACT PROVIDERS	<u>EMENT</u>			
5	MH 1979 MH 1979	23 27	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SE TOTAL HEALTHY FAMILIES REIMBURSEMENT TOTAL REIMBURSEMENT - CONTRACT PROVIDERS  To adjust the SD/MC (FFP) and Healthy Families (FFP) due to ad		\$ 23,462,224 \$ 17,936 \$ 23,480,160	\$ 240,189 \$ 0 \$ 240,189	\$ 23,702,413 \$ 17,936 \$ 23,720,349
				to units of service/time.  Achieve Family & Children Services AACI Catholic Charities Chamberlain's Eastfield Ming Quong, Inc. Hope Rehabilitation Services Indian Health Center Inn Visions Mekong Community Center Ujima Community Solutions Children's Health Council Gardner Family Care Corp. Odd-Fellow Rebeka Alliance for Community Care Grace Baptist Starlight Adolescent Eastern European Serv. Agy Oasis Care, Inc.	00144 00150 00151 00153 00154 00156 00157 00158 00159 00160 00163 00164 00250 00251 00255 00689 00716 00840 00959 01031	\$ 235,926 442,641 818,416 340,483 406,308 6,581,334 438,687 101,666 60,109 173,165 222,923 1,004,468 120,441 1,741,476 1,913,431 5,676,271 291,824 1,692,965 135,818 1,081,808	\$ 0 0 0 0 0 0 0 0 0 0 0 77,509 0 0 162,680 0 0	\$ 235,926 442,641 818,416 340,483 406,308 6,581,334 438,687 101,666 60,109 173,165 222,923 1,081,977 120,441 1,741,476 1,913,431 5,838,951 291,824 1,692,965 135,818 1,081,808 \$ 23,720,349
		_		Balance carried forward to subsequent adjustment.     Balance brought forward from prior adjustment.				

Provider	SANTA CLAF	RA COUI	NTY		Provider Number 00043	No. of Adj. 8			Period e 30, 1	Ended 2004
	Report Refe	erence				As		Increase		As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	IENTS 	Audited	-	(Decrease)		Revised
	<b>,</b>			ADJUSTMENTS TO AS SETTLED EPSDT STATE GEN	IERAL FUNDS					
6	SCH 4	1	3	SD/MC ACTUALS		\$ 57,991,015	\$	462,141	\$	58,453,156
				To adjust SD/MC actuals as a result of adjustments to total comp as reflected in the MH 1979 forms for both the County Program a providers. The amounts utilized for this purpose was SD/MC and Outpatient services only.	nd its contract					
7	SCH 4	10	3	NET COST SETTLEMENT AMOUNT		\$ 8,515,620	\$	94,026	\$	8,609,646
				To adjust net cost settlement amount as a result of adjustments to (Total Computable Medical).	o SD/MC actuals					·
8	SCH 4	11	3	STATE GENERAL FUNDS DUE COUNTY		\$ 0	\$	94,026	\$	94,026
				To adjust state general funds due County to incorporate the resul and 7 above.	ts of adjustments 6					
				* Balance carried forward to subsequent adjustment.  ** Balance brought forward from prior adjustment.						

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

#### **DEPARTMENT OF MENTAL HEALTH**

## CALCULATION OF PROGRAM COSTS MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY

County Code: 43

	Legal Entity: SANTA CLARA COUNTY	Α	В	С
Leg	gal Entity Number: 00043	Salaries		Total
		and Benefits	Other	Costs
1	Mental Health Expenditures	33,082,121	166,183,119	199,265,240
2	Encumbrances			
3_	Less: Payments to Contract Providers (County Only)		(71,761,928)	(71,761,928)
4	Other Adjustments from MH 1962	(2,180,704)	(13,496,554)	(15,677,258)
5	Total Costs Before Medi-Cal Adjustments	30,901,417	80,924,637	111,826,054
6	Medi-Cal Adjustments from MH 1961		(15,967,137)	(15,967,137)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			95,858,917
	Administrative Costs (County Only)			
9	SD/MC Administration			13,066,075
10	Healthy Families Administration			0
11	Non-SD/MC Administration			11,498,422
12	Total Administrative Costs			24,564,497
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			715,469
14	Other SD/MC Utilization Review			192,996
15	Non-SD/MC Utilization Review			788,470
16	Total Utilization Review Costs			1,696,935
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			69,597,485
	T-1-0-1-1-1-0-11			05 050 043
19	Total Costs - Lines 9 through 18			95,858,917

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (08/04)

#### **DEPARTMENT OF MENTAL HEALTH**

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY County Code: 43

	Legal Entity: SANTA CLARA COUNTY	A	В	С
Le	gal Entity Number: 00043	Salaries		Total
	Per Original Cost Report	and Benefits	Other	Adjustments
1	Reverse prior year claim		(401,469)	(401,469)
2	Adjustment to Obj 7		1,840,311	1,840,311
3	Eliminate the equipment purchased in Obj 4		(122,386)	(122,386)
4	Depreciation of building & equipment		104,272	104,272
5_	Misc. revenue offset		(179,430)	(179,430)
6	Year end Audit Adjustment		(11,864,736)	(11,864,736)
7	Adj the year end audit entries related to py		3,763,442	3,763,442
8			(10,590,852)	(10,590,852)
9	Per Audit			
10	To adjust the equipment purchased in Obj 4 to			
11	reflect the amount that should have been taken		99,197	99,197
	To adjust Depreciation of building & equipment to			
13	reflect the allowable amount		(18,431)	(18,431)
14	To adjust Y/E audit entries related to the prior year			
15	to reflect the audited amount		1,402,945	1,402,945
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28	<del></del>	<del>                                     </del>		
29	<del></del>	<del>                                     </del>	<del></del>	
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31		+		
32	<del></del>	<del>  </del>		
33	<del></del>	+		
34		+	——— <del> </del>	
	Total Adjustments	<del> </del>	(15,967,137)	(15,967,137)
155	Total Adjustition	<del></del>	(10,301,131)	(10,801,131)

# CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY OTHER ADJUSTMENTS MH 1962 (08/04)

#### **DEPARTMENT OF MENTAL HEALTH**

**FISCAL YEAR 2003 - 2004** 

County: SANTA CLARA COUNTY

County Code: 43

	Legal Entity: SANTA CLARA COUNTY	Α	B	С
Le	gal Entity Number: 00043	Salaries		Total
	Per Original Cost Report	and Benefits	Other	Adjustments
1	State Hospital		(4,483,536)	(4,483,536)
2	Highview OBS Facility		290,147	290,147
3	Board and Care Contracts SB 155		(1,505,740)	(1,505,740)
4	State Hospital/IMD Staff	(1,186,219)	(44,514)	(1,230,733)
5	IMD's		(13, 125, 755)	(13,125,755)
6	Charter Hospital		(4,617,439)	( <del>4</del> ,617,439)
7	Cross System Evaluation	(222,204)	(58,665)	(280,869)
8	Alcohol & Drug Program	(772,281)	(36,578)	(808,859)
9	Reverse SCVMC est. IP/EPS Cost		(26,003,100)	(26,003,100)
10	To incorporate actual Dir Svc IP/EPS		32,684,002	32,684,002
11	Adj the IP & OP Consolidation to actual claim		(433,005)	(433,005)
12	Per Audit			
13	To adjust IP/EPS costs to agree with the GL		433,853	433,853
14	To adjust Dir Svc IP/EPS to reflect actual expenditures		(99,841)	(99,841)
15	To adjust Board & Care to reflect actual expenditures		75,360	75,360
16	To adjust IMD to reflect actual IMD costs		1,957,877	1,957,877
17	To adjust Charter Hospital to agree with County records		4,278,859	4,278,859
18	To exclude Charter Adult costs per County records		(1,848,004)	(1,848,004)
19	To adjust FFS to reflect the actual claims		42,320	42,320
20	To eliminate I/P consolidation reported on MH 1960		(1,002,795)	(1,002,795)
21	Total Adjustments	(2,180,704)	(13,496,554)	(15,677,258)

## CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (08/04)

**DEPARTMENT OF MENTAL HEALTH** 

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY

County Code: 43

	Legal Entity: SANTA CLARA COUNTY	A
Le	gal Entity Number: 00043	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	69,597,485
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	21,204,905
3	Other 24 Hour Services (Mode 05-All Other SFC)	6,963,499
4	Day Services (Mode 10)	10,536,306
5	Outpatient Services (Mode 15 Program 1 + Program 2)	30,049,902
6	Outreach Services (Mode 45)	114,758
7	Medi-Cal Administrative Activities (Mode 55)	728,115
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	69,597,485

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

#### DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY

	County Code: 43			NR	CR				
	Legal Entity: SANTA CLARA COUNTY		_ A	В	С	D	E	F	G
Le	gal Entity Number: 00043		J	Service	Service	Service	Service	Service	Service
	Mode: 05 - Hospital Inpatient (SFC 10-	19)	Mode Total	Function	Function	Function	Function	Function	Function
_	Allegation Descentage		400.000	10	19			<del>                                      </del>	
1 .	Allocation Percentage Total Units		100.00%	74.37% 13,109	25.63% 4,517	<u> </u>			<u> </u>
3	Gross Cost		21,204,905	15,770,740	5,434,165	<del> </del>	<del></del>		
322		<u> </u>	21,204,903	to dell'integration (si		redgesterette			
4	Cost per Unit			1,203.05	1,203.05				
5	SMA per Unit	<del></del>		873.40	236.78				<u> </u>
6 7	Published Charge per Unit Negotiated Rate / Cost per Unit			1,056.00 873.40	1,056 <u>.00</u> 236.78				
	and the control of th	<u>anna an an</u>			1787 - A. H. H. H. H. H. H.	\$	(Paragarana na	<u> </u>	. 1. 1717 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8	Medi-Cal Units	07/01/03 - 09/30/03		1,118	514				
A8		10/01/03 - 06/30/04		3,300	1,895				
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03		884	41				
9A		10/01/03 - 06/30/04				-			
10 10A	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03 10/01/03 - 06/30/04							
	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11		07/01/03 - 09/30/03							
11A	Healthy Families (SED) Units	10/01/03 - 06/30/04			L				
	Non-Medi-Cal Units			7,807	2,067				
	<u>arandarit, arantagia arantaina ara</u> la a arantaina arantaina ara	07/04/02 00/20/02	4.000.272		4 ( 4 ( 4 ( 4 ( 4 ( 4 ( 4 ( 4 ( 4 ( 4 (	141414141114			
13 13A	Medi-Cal Costs	07/01/03 - 09/30/03 10/01/03 - 06/30/04	1,963,373 6,249,829	1,345,006 3,970,054	618,366 2,279,775				
14		07/01/03 - 09/30/03	1,289,478	976,461	313,017				
14A	Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04	3,872,028	2,882,220	989,808				
15	<del></del>	07/01/03 - 09/30/03	1,723,392	1,180,608	542,784				<del></del>
15A	Medi-Cal Published Charges	10/01/03 - 06/30/04	5,485,920	3,484,800	2,001,120				
16		07/01/03 - 09/30/03	1,289,478	976,461	313,017	_			
16A	Medi-Cal Negotiated Rates	10/01/03 - 06/30/04	3,872,028	2,882,220	989,808		_		
17		07/01/03 - 09/30/03	1,112,818	1,063,493	49,325	aranaran <del>G</del> ajara	,*.*.*!!!!!!!	-1-1747-1 <del>-1</del> -1,-1,-1,-1	<u></u>
17A	Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04	1,112,010	1,003,493	48,323				
18	<del></del>	07/01/03 - 09/30/03	772,086	772,086				<del></del>	
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04	772,000	172,000					
19		07/01/03 - 09/30/03	976,800	933,504	43,296				
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04	-,,						
20	Mandiagon Mandi Cal Companyon Nanobioted Dates	07/01/03 - 09/30/03	772,086	772,086				_	_
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04							_
21	<u>ទេសភាពបានប្រជាពលបានប្រជាពលបានប្រជាពលបានបានបានបានបានបានបានបានបានបានបានបានបានប</u>	07/01/03 - 09/30/03	141412777741414141414	<u> 1.12 - 1.11 - </u>		and the state of the			<u> </u>
21A	Enhanced \$D/MC (Children) Costs	10/01/03 - 06/30/04							
22		07/01/03 - 09/30/03						-	
22A	Enhanced SD/MC (Children) SMA Upper Limits	10/01/03 - 06/30/04	<del></del>		<del></del>				
23	Enhanced CDAIC (Children) Dublinheid China	07/01/03 - 09/30/03							
23A	Enhanced SD/MC (Children) Published Charges	10/01/03 - 06/30/04							
74	Enhanced SD/MC (Children) Negotiated Rates	07/01/03 - 09/30/03							
24A	Entranced Solvic (Crimater) Regulated Rates	10/01/03 - 06/30/04							
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	ratataratarilgataritika			ere ere ere ere ere er		. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	231777777777777
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
		07/01/03 - 06/30/04							
		07/01/03 - 06/30/04							
9	<u>งของอาการสาราชาราชาการสาราชาชิการทำสาราชาราชาชิการาชา</u>	07/01/03 - 09/30/03	*************	40000000000	properties and the		***************************************		<u>arangan ka</u> pata
9A	Healthy Families Costs	10/01/03 - 06/30/04	+						
20		07/01/03 - 09/30/03	+		<del></del>				
IOA I	Healthy Families SMA Upper Limits	10/01/03 - 06/30/04							
14		07/01/03 - 09/30/03							
1A	Healthy Families Published Charges	10/01/03 - 06/30/04							
2	Line Mine Manageriated Dates	07/01/03 - 09/30/03			<del>-                                    </del>				
2A	Healthy Families Negotiated Rates	10/01/03 - 06/30/04					1		
				9,392,186	2,486,699	\$55,500 (100 (100 (100 (100 (100 (100 (100 (	12/2012/05/2012 19:00		(11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1956 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY

	County Code: 43	_	_	CR		_	_		
	Legal Entity: SANTA CLARA COUNTY		A	_B	С	D	E	F	G
Le	gal Entity Number: 00043		-	Service	Service	Service	Service	Service	Service
	Mode: 05 - Other 24 Hour Services (A	l Other SFC)	Mode Total	Function	Function	Function	Function	Function	Function
1	Allocation Percentage		100.00%	50 100.00%		<del> </del>	<del>                                     </del>	<del>                                      </del>	<b> </b>
2	Total Units		100.00%	13,986				<del>                                     </del>	<del>                                     </del>
3	Gross Cost		6,963,499	6,963,499					
4	Cost per Unit	000000000000000000000000000000000000000		497.89	320,020,000,00	1000000000	0000000000	2000000000	<u> </u>
<del>-</del> -	SMA per Unit			497.00					<del>                                     </del>
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit			497.89					
8	**************************************	07/01/03 - 09/30/03			<u> </u>				<u> </u>
8A	Medi-Cal Units	10/01/03 - 06/30/04							
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03					_		
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
10A	<u> </u>	10/01/03 - 06/30/04						-	
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							<del></del>
11 11A	Healthy Families (SED) Units	07/01/03 - 09/30/03	1:00:00:00:00:00			<b></b>		<del> </del>	<del> </del>
12	Non-Medi-Cal Units	10/01/03 - 00/30/04		13,986		<del>                                     </del>	<del></del>	<del>                                     </del>	<del>                                     </del>
- 22	<u> </u>		(	200200000000000000000000000000000000000	aceres const				<u> </u>
13	Medi-Cal Costs	07/01/03 - 09/30/03	<u> </u>						
13A 14		10/01/03 - 06/30/04 07/01/03 - 09/30/03	<del>                                     </del>		-				
14A	Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04							
15		07/01/03 - 09/30/03	<u> </u>		_				
15A	Medi-Cal Published Charges	10/01/03 - 06/30/04							
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A	Wedi-Car regulated Nates	10/01/03 - 06/30/04						l	
17	M. di	07/01/03 - 09/30/03			<u></u>			************	********
17A	Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A	Wicdiscretified out of observer of the opposition to	10/01/03 - 06/30/04	ļ						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04							
20A	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03 10/01/03 - 06/30/04	-	-					
100	<u>෭෭෭෭෭෭෦෫෦෯෩෩෩෦෦෦෦෦෦෦෩෩෦෩෩෩෩෩෩෩෩෩෩෩෩෩෩෩෩෩</u>			35 TO 10 TO	<u> Printinganisaa</u>		2000000000	<u> </u>	
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A 22		10/01/03 - 06/30/04 07/01/03 - 09/30/03	<del></del>						
22A	Enhanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04	<del>                                     </del>						
23	5 1 100 M 0 D 1 II 1 1 2 2	07/01/03 - 09/30/03		_					_
23A	Enhanced SD/MC Published Charges	10/01/03 - 06/30/04				-			
4	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
4A	Elillanced Spillio Negotialed Rales	10/01/03 - 06/30/04							
5	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	*************	*********	3-2-3-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1-1-1/1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	. <u>********</u> ********
		07/01/03 - 06/30/04						_	
		07/01/03 - 06/30/04							
8	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
9	Manithu Familian Costs	07/01/03 - 09/30/03							*1*,*1*1*1*1±1±1 <u>*</u>
9A	Healthy Families Costs	10/01/03 - 06/30/04							
0	althy Families SMA Upper Limits	07/01/03 - 09/30/03							
UΑ	<u>`</u>	10/01/03 - 06/30/04							
1	Healthy Families Published Charges	07/01/03 - 09/30/03							
1A	<u>-</u>	10/01/03 - 06/30/04							
2	Healthy Families Negotiated Rates	07/01/03 - 09/30/03 10/01/03 - 06/30/04	<del>                                     </del>						
2Al									

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

#### DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY

С	County Code: 43			NR					
	Legal Entity: SANTA CLARA COUNTY		Α	В	С	D	E	F	G
Legal En	ntity Number: 00043		┨ 、	Service	Service	Service	Service	Service	Service
_	Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function
1 Alloc	ation Percentage		100.00%	100.00%	<del></del> -		<del> </del>		<del> </del>
	Units		100.00%	106,736	<del>                                     </del>	<del>                                     </del>	<b></b>	<del> </del>	<del> </del>
	s Cost		10,536,306	10,536,306				f	
4 Cost	per Unit	<u> </u>		98.71	3000000000	( ATTOCK CAST CONTRACT CONTRAC	366000000000	*00000000000	010000000000000000000000000000000000000
	per Unit			85.68	<del></del> -	<u> </u>			
6 Publi	shed Charge per Unit			98.62					
7 Nego	otiated Rate / Cost per Unit			85.68					
8	Califata	07/01/03 - 09/30/03		7,757					********
8A Medi	-Cal Units	10/01/03 - 06/30/04		17,498		<u> </u>			
9 Medic	care/Medi-Cal Crossover Units	07/01/03 - 09/30/03		2,356					
9A		10/01/03 - 06/30/04							
10 Enha	inced SD/MC (Children) Units	07/01/03 - 09/30/03		30					
TUA		10/01/03 - 06/30/04		73		<u> </u>			
108 Enna	inced SD/MC (Refugees) Units	07/01/03 - 06/30/04		9	ļ <u>-</u> -	<del> </del>	}		
Healt	thy Families (SED) Units	10/01/03 - 06/30/04					<del> </del> -		<del></del> -
	Medi-Cal Units	10/01/03 - 00/00/04		79,013	<del></del>				
200 0000		07/04/00 00/00/00	705 700	<del>grand galand</del>		<u> Eugenerale e e</u>			<u> </u>
13_ 13A Medi-	-Cal Costs	07/01/03 - 09/30/03 10/01/03 - 06/30/04	765,722 1,727,292	765,722 1,727,292					<del></del>
14		07/01/03 - 09/30/03	664,620	664,620					
14A Medi⊢	-Cal SMA Upper Limits	10/01/03 - 06/30/04	1,499,229	1,499,229		<del> </del>			
15	Out District Of the control	07/01/03 - 09/30/03	764,995	764,995					
15A Medi-	Cal Published Charges	10/01/03 - 06/30/04	1,725,653	1,725,653					
16 Medi-	Cal Negotiated Rates	07/01/03 - 09/30/03	664,620	664,620					
16A WEGI		10/01/03 - 06/30/04	1,499,229	1,499,229					
17	and discission of the	07/01/03 - 09/30/03	232,569	232,569	<u> </u>	****************			<u>iyaninanyanananinani</u> I
17A Medic	care/Medi-Cal Crossover Costs	10/01/03 - 06/30/04							
18 Medic	care/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	201,862	201,862					
18A		10/01/03 - 06/30/04				, ,			
19 Medic	care/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	232,349	232,349					
19A		10/01/03 - 06/30/04	204 000	204.002					
20 20A Medic	care/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03 10/01/03 - 06/30/04	201,862	201,862					
	<u> </u>		and Consider	20000002000	<u> Maranakan</u>			eren en en en en	<u> </u>
Enhar	nced SD/MC Costs	07/01/03 - 09/30/03	2,961	2,961					
21A		10/01/03 - 06/30/04	7,206	7,206					
22 22A Enhar	nced SD/MC SMA Upper Limits	07/01/03 - 09/30/03 10/01/03 - 06/30/04	2,570 6,255	2,570				——— <del> </del>	
23		07/01/03 - 09/30/03	2,959	6,255 2,959					
Enhar	nced SD/MC Published Charges	10/01/03 - 06/30/04	7,199	7,199					
24	and SDAIC Naveliated Dates	07/01/03 - 09/30/03	2,570	2,570					
24A Ennar	nced SD/MC Negotiated Rates	10/01/03 - 06/30/04	6,255	6,255					
25 Enhar	nced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	888	888			5-(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		<u> 1825 (1975) (1976)</u>
		07/01/03 - 06/30/04	771	771					
7 Enhan	nced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04	888	888					
8 Enhan	nced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04	771	771					
9	Section of the Contract of the	07/01/03 - 09/30/03	er	***********				100000000000000000000000000000000000000	<u>description</u>
9A Health	ny Families Costs	10/01/03 - 06/30/04							
20	Earnities SMA Linner Limits	07/01/03 - 09/30/03							
BOA Health	ny Families SMA Upper Limits	10/01/03 - 06/30/04							
Health	ny Families Published Charges	07/01/03 - 09/30/03							
IA	·	10/01/03 - 06/30/04							
Health		07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04	23 <u>.,</u>		12220011222				<u></u>
3 Non-M	Medi-Cal Costs		7,799,666	7,799,666					

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY
County Code: 43

1	Legal Entity: SANTA CLARA COUNTY		A	В	C	D	E	F	G
Le	egal Entity Number: 00043			Service	Service	Service	Service	Service	Servi
	Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Funct
-	Allocation Percentage		100.00%	01	10	60	70		
<del> -</del>	Total Units		100.00%	23.61% 3,421,141	52.19% 5,864,570	22.84% 1,385,730	1.36%	_	
3	Gross Cost		28,840,166	6,808,769	15,052,016	6,585,770	393,611		
Δ	Cost per Unit	<u> </u>		1.99	2.57	4.75	3.83	<u> sansigotoloo</u> e	-10153-E <u>101</u>
5	SMA per Unit			1.83	2.36	4.37	3.52		<del> </del>
6_	Published Charge per Unit			2.10	2.71	5.03	4.05		
7	Negotiated Rate / Cost per Unit			1.83	2.36	4.37	3.52		
8	Medi-Cal Units	07/01/03 - 09/30/03		426,013	588,264	119,888	12,057		11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
8A	Medi-Cai Onits	10/01/03 - 06/30/04		1,301,736	1,513,629	358,601	30,508		
9	Medicare/Medi-Cai Crossover Units	07/01/03 - 09/30/03			2,864	42,833			
9A	<u> </u>	10/01/03 - 06/30/04		763	4,863	39,215			
10		07/01/03 - 09/30/03		1,812	4,932	255			<u> </u>
10A		10/01/03 - 06/30/04 07/01/03 - 06/30/04		4,628	13,217	1,418	120		<u> </u>
11	· · · · · · · · · · · · · · · · ·	07/01/03 - 09/30/03			<del></del> -	<del></del> -			-
114	Healthy Families (SED) Units	10/01/03 - 06/30/04							
12		1100000		1,686,189	3,736,801	823,520	60,135		
13		07/01/03 - 09/30/03	2,973,624	847,853	1,509,839	569,775	46,156	<del>ere ere ere ere ere er</del>	1211121212
13A	Medi-Cal Costs	10/01/03 - 06/30/04	8,296,667	2,590,720	3,884,883	1,704,274	116,789		
14	<del></del>	07/01/03 - 09/30/03	2,734,258	779,604	1,388,303	523,911	42,441		
144	Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04	7,628,816	2,382,177	3,572,164	1,567,086	107,388		
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	3,140,690	894,627	1,594,195	603,037	48,831		
15A	Medi-Cal Fublished Charges	10/01/03 - 06/30/04	8,762,901	2,733,646	4,101,935	1,803,763	123,557		
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03	2,734,258	779,604	1,388,303	523,911	42,441		
16A		10/01/03 - 06/30/04	7,628,816	2,382,177	3,572,164	1,567,086	107,388		345-1-5-1-5-
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03	210,917		7,351	203,567			
17A	Medicare Medicar Crossovar Costs	10/01/03 - 06/30/04	200,372	1,519	12,481	186,372			
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	193,939		6,759	187,180			
18A 19	\	10/01/03 - 06/30/04 07/01/03 - 09/30/03	184,243 223,211	1,396	11,477 7,761	171,370 215,450			
19 19A	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04	212,032	1,602	13,179	197,251	<del>+</del>	<del></del>	
20		07/01/03 - 09/30/03	193,939	1,552	6,759	187,180	-		
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04	184,243	1,396	11,477	171,370			
21	a <del>eleganisti ja kan kan kan kan kan kan kan kan kan ka</del>	07/01/03 - 09/30/03	17,477	3,606	12,658	1,212	· · · · · · · · · · · · · · · · · · ·	**************************************	*******
21A	Enhanced SD/MC Costs	10/01/03 - 06/30/04	50,332	9,211	33.923	6,739	459		
22	Fabruary CDAIG CAIA 11 11 11	07/01/03 - 09/30/03	16,070	3,316	11,640	1,114			
22A	Enhanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04	46,280	8,469	31,192	6,197	422		
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	18,454	3,805	13,366	1,283			
23A	Linericed Sprivio 1 aprisined Charges	10/01/03 - 06/30/04	53,155	9,719	35,818	7,133	486		
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03	16,070	3,316	11,640	1,114			
24A		10/01/03 - 06/30/04	46,280	8,469	31,192	6,197	422		
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
27	Enhanced SD/MC (Refugees) Published Charges Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04				—— <u> </u>			
28	Elimanced SD/MC (Relugees) Negotiated Rates	07/01/03 - 06/30/04	12 (3 (4 (4 (2 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4		<u></u>			10,000,000,000	<u>जन्द्र स्टब्स्</u>
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A		10/01/03 - 06/30/04							
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03				$\longrightarrow$			
30A 31		10/01/03 - 06/30/04 07/01/03 - 09/30/03					+		
31A	Healthy Families Published Charges	10/01/03 - 06/30/04			+	+	+	<del></del>	
32	Harlah, Familia Magadatah Bata	07/01/03 - 09/30/03		1					
32A	Healthy Families Negotiated Rates	10/01/03 - 06/30/04							_
						<del> </del>		<del></del>	1 1.1.1.1

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

#### DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY
County Code: 43

	County: SANTA CLARA COUNTY County Code: 43			ASO	ASO	MHS	MHS	MHS	MHS
	Legal Entity: SANTA CLARA COUNTY		Α	В	С	D	Ę_	F	G
Leg	gal Entity Number: 00043			Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 2)		Mode Total	Function	Function	Function	Function	Function	Function
Ĺ				10	60	10	60	11	12
1	Allocation Percentage		100.00%	4.58%	0.42%	3.53%	88.40%	0.96%	1.98%
12-	Total Units Gross Cost		1,209,737	87,585	1,830	23,665	376,220	10,740	22,125
3		000000000000000000000000000000000000000	1,209,737	55,453	5,042	42,729	1,069,351	11,553	23,898
4	Cost per Unit			0.63	2.76	1.81	2.84	1.08	1.08
5	SMA per Unit			2.36	4.37	2.36	4,37	2.36	2.36
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit				*************				
8	Medi-Cal Units	07/01/03 - 09/30/03			15	5,280	66,440	3,360	4,770
8A	Wedi-Cai Onits	10/01/03 - 06/30/04		21,750	315	13,295	191,985	3,840	16,185
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9A		10/01/03 - 06/30/04							
10	Enhanced SD/MC Units	07/01/03 - 09/30/03					490		
10A		10/01/03 - 06/30/04							
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04				180	30		
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A		10/01/03 - 06/30/04							
12	Non-Medi-Cal Units			65,835	1,500	4,910	117,275	3,540	1,170
13	M	07/01/03 - 09/30/03	207,187		41	9,533	188,846	3,614	5,152
13A	Medi-Cal Costs	10/01/03 - 06/30/04	605,946	13,771	868	24,005	545,690	4,131	17,482
14	Madi Cal SMA Llanor Limita	07/01/03 - 09/30/03	322,056		66	12,461	290,343	7,930	11,257
14A	Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04	970,316	51,330	1,377	31,376	838,974	9,062	38,197
15	Medi-Cal Published Charges	07/01/03 - 09/30/03							
15A	Wed-Cal Fublished Charges	10/01/03 - 06/30/04							
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A	Wed-Cal Negotiated Nates	10/01/03 - 06/30/04							
17		07/01/03 - 09/30/03			,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2			<u> </u>
17A	Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04				-	+		
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03			<del></del>				
20A	<u>andre de la companio della companio</u>	10/01/03 - 06/30/04		000000000000000000000000000000000000000	***********				and an extension
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	1,393				1,393		
21A		10/01/03 - 06/30/04							
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	2,141				2,141		
22A		10/01/03 - 06/30/04							
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04			↓				
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04			2	and States and the			<del></del>
	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	410			325	85		
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04	556			425	131		
		07/01/03 - 06/30/04							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04			<u></u>				
29	Hadita Familia Costs	07/01/03 - 09/30/03				***************************************			<u> </u>
29A	Healthy Families Costs	10/01/03 - 06/30/04							
20	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
30A	Treatury ramilies SWA Opper Limits	10/01/03 - 06/30/04							
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A	10/01/03 - 06/30/04								
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A		10/01/03 - 06/30/04							100000000000000000000000000000000000000
33	Non-Medi-Cal Costs		394,800	41,682	4,133	8,865	333,337	3,808	1,264

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County; SANTA CLARA COUNTY County Code: 43

Local	Legal Entity: SANTA CLARA COUNTY		H	Sanian	Contino	K Service	Sondon	M ·	I Ser
eya:	Entity Number: 00043  Mode: 15 - Outpatient (Program 2)		Service Function	Service Function	Service Function	Function	Service Function	Service Function	Fun
<del></del>	Mode. 15 - Odipatient (Flogram 2)		13	61	Function	Function	Function	runction	Fun
1 A	flocation Percentage		0.02%	0.13%		<del>                                     </del>	<del></del> -	<del></del>	<del>                                     </del>
	otal Units		225	1,010		<del>                                       </del>	<del></del>	1	<del>                                     </del>
	ross Cost		193	1,518		<del></del>	-	i — —	-
1000		<u>তে, তেতে সংক্রম কর্ম কর্ম কর্ম কর্ম কর্ম কর্ম কর্ম </u>			<u>संस्कृतसम्बद्धाः स्</u>	100000000000000000000000000000000000000	0.000.000.000.000		
	ost per Unit		0.86	1.50		<del></del>	<b>-</b>	<del></del>	<b>⊢</b> —
	MA per Unit ublished Charge per Unit		2.36	4.37		<del> </del>		<del>                                     </del>	├
6 Pt	egotiated Rate / Cost per Unit			Li			<del>                                     </del>	<del> </del>	├
7 100	egotiated Nate / Cost per Offit			<u>ालकार वालेल्स्स्य</u>					11111111
8 M	edi-Cai Units	07/01/03 - 09/30/03							oxdot
BA	edi-oai onito	10/01/03 - 06/30/04				<u> </u>			
9	edicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
A I'''	edidale/fiedi-Cal Orossover Offits	10/01/03 - 06/30/04							
10,	nhanced SD/MC Units	07/01/03 - 09/30/03							1
10A -	illianced 3D/IVIC Offics	10/01/03 - 06/30/04	_						
10B Er	nhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11 11	oothy Eamilies (SED) Heits	07/01/03 - 09/30/03							
11A	ealthy Families (SED) Units	10/01/03 - 06/30/04							
	on-Medi-Cal Units		225	1,010					
12		07/01/03 - 09/30/03	<u>agang, adga</u>	<u> </u>	<u>(*1919)*1818(*1819)</u>	<u>airon</u> nainaire	<u>(1969) er Egyddol yn o'i d</u>	deliterasi partiere	10.00
	edi-Cal Costs	10/01/03 - 09/30/03				<b></b>			<del> </del> -
13A		10/01/03 - 06/30/04							-
14 Me	edi-Cal SMA Upper Limits	07/01/03 - 09/30/03							
4A		10/01/03 - 06/30/04						ļ	
15 Me	edi-Cal Published Charges	07/01/03 - 09/30/03						L	
15A '''	<del>-</del>	10/01/03 - 06/30/04						<u> </u>	<u> </u>
16 Me	edi-Cal Negotiated Rates	07/01/03 - 09/30/03	·						
16A		10/01/03 - 06/30/04			717781717171717		 		*******
17	-disaBa-di C-l Casa Casta	07/01/03 - 09/30/03							
17A ME	edicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04							
10	E 24 E 0 I 0	07/01/03 - 09/30/03							
18A Me	edicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04							
10	E 55 E 5 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C	07/01/03 - 09/30/03							
19A ME	edicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04							
20	F - 44 F 0 1 0	07/01/03 - 09/30/03							
20A ME	edicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04							
	<u>application for the constant of the constant </u>	unanan <u>geran</u> anan <u>gerapatan</u> an bahata		<u>arana kananaran</u>	<u>राजस्य स्टिन्स्सर</u>	<u> </u>	<u> </u>	<u> 1,1474,148,141,1</u> 7,141,1	+1-12-1 <sub>2</sub> -1-1
21 En	hanced SD/MC Costs	07/01/03 - 09/30/03							
ZTA		10/01/03 - 06/30/04							
22 En	hanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
22A		10/01/03 - 06/30/04	+						
23 En	hanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A		10/01/03 - 06/30/04							
24 En	hanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A		10/01/03 - 06/30/04							(1) <del>(1) (1)</del>
		07/01/03 - 06/30/04							
		07/01/03 - 06/30/04							
		07/01/03 - 06/30/04							
28 Eni	hanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
29	<u>ਫ਼ਫ਼ਜ਼ਫ਼ਜ਼ਜ਼ਫ਼ਫ਼ਜ਼ਜ਼ਜ਼ਫ਼ਜ਼ਜ਼ਸ਼ਜ਼ਜ਼ਜ਼ਜ਼ਜ਼ਜ਼ਜ਼ਜ਼ਜ਼ਜ਼ਜ਼ਜ਼ਜ਼ਜ਼ਜ਼ਜ਼ਜ਼ਜ਼</u>	07/01/03 - 09/30/03			10000000000	40.40.00.00		Biggrass de la Carte	<u>.:-:-:-::::</u>
29 29A He		10/01/03 - 09/30/03			——-				
20		07/01/03 - 09/30/03	+	——— <u> </u>					
He BOA									
21		10/01/03 - 06/30/04 07/01/03 - 09/30/03							
	althy Families Published Charges	10/01/03 - 09/30/03	<del>+</del>					<b></b>	
31A		07/01/03 - 09/30/04	+		<del></del>				
32 He	althy Families Negotiated Rates	10/01/03 - 06/30/04					———		
22A		10/01/03 - 00/30/04		<u></u>	<del></del>	********		<u> </u>	
	n-Medi-Cal Costs		193	1,518					

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#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

#### DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

## ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

**DETAIL COST REPORT** 

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY

County Code: 43

CR

	Legal Entity: SANTA CLARA COUNTY	A	В	С	D	E	F	G
Le	gal Entity Number: 00043		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
		][	10			<u>-</u>		
1	Allocation Percentage	100.00%	100.00%					
2	Total Units							
3	Gross Cost	114,758	114,758					
4	Cost per Unit			<u> </u>	<u>elinga sahintakan dapatah dapi</u>			
5	Non-Medi-Cal Units							
6	Non-Medi-Cal Costs	114,758	114,758	<u>នាក់ក្រុមប្រជាពិធីប្រជាពិធីបាន</u>				<u> Historian de Particolo</u>

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

#### DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

**DETAIL COST REPORT** 

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY

County Code: 43 MAA MAA MAA Legal Entity: SANTA CLARA COUNTY В С D E G Legal Entity Number: 00043 Service Service Service Service Service Service Mode: 55 - Medi-Cal Administrative Activities Function Mode Total Function Function Function Function **Function** 07 14 24 Allocation Percentage 100.00% 1.34% 90.16% 8.49% 10,755 22,290 **Total Units** 536.085 Total Expenditures 9,782 61,836 728,115 656,497 2.77 Cost per Unit 0.91 1.22 Non-Medi-Cal Costs 342,699

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (08/04)

FISCAL YEAR 2003 - 2004

	County: SANTA CLARA COUNTY County Code: 43				DEMONIO	OFMENT TARE	1 044	1			1	0	1
_	Legal Entity: SANTA CLARA COUNTY			В	KEIMBUR	SEMENT TYPE	SMA E	F	SMA G	Тн	<u> </u>	Costs	ĸ
Leg	gal Entity Number: 00043		1 - "				Total				Total		Total
			<del></del>	Mode 55 S. F.'s 11-19,		Total MAA	Inpatient Mode 05-	Mode 05-All	T	Mode 15	Outpatient Exclude	Mode 15	Outpatient (Col. I + Col. J)
			S. F.'s 01-09	31-39	S. F. s 21-29		Hospital	Other	Mode 10	Program (1)	Program (2)	Program (2) 207,187	
1	Medi-Cal Costs	07/01/03 - 09/30/03 10/01/03 - 06/30/04					1,963,373		765,722	2,973,624	3,739,346	207,187	3,946,533
1A		07/01/03 - 09/30/03					6,249,829 1,289,478	<u> </u>	1,727,292 664,620		10,023,959 3,398,878	605,946 322,056	10,629,905 3,720,934
2A	Medi-Cal SMA	10/01/03 - 06/30/04					3,872,028		1,499,229		9,128,044	970,316	10,098,361
3	Medi-Cal P. C.	07/01/03 - 09/30/03 10/01/03 - 06/30/04					1,723,392		764,995		3,905,686		3,905,686
3A 4	44.6.0.144.50	07/01/03 - 09/30/03	1111111111111111111111				5,485,920 1,289,478		1,725,653 664,620		10,488,553 3,398,878		10,488,553 3,398,878
4A	Medi-Cal N. R.	10/01/03 - 06/30/04					3,872,028		1,499,229		9,128,044		9,128,044
5	Madi Cal Casa Baimbanamani	07/01/03 - 09/30/03					1,289,478		664,620	2,734,258	3,398,878	207,187	3,606,065
5A	Medi-Cal Gross Reimbursement	10/01/03 - 06/30/04					3,872,028		1,499,229	7,628,816	9,128,044	605,946	9,733,990
6	Medicare/Medi-Cal Crossover Cost	07/01/03 - 09/30/03					1,112,818		232,569		443,487		443,487
6A	Windigal Commedition Control	10/01/03 - 06/30/04 07/01/03 - 09/30/03					770 000		204 200	200,372	200,372	<b>.</b>	200,372
7A	Medicare/Medi-Cal Crossover SMA	10/01/03 - 06/30/04					772,086		201,862	193,939 184,243	395,801 184,243		395,801 184,243
8	Medicare/Medi-Cal Crossover P. C.	07/01/03 - 09/30/03					976,800		232,349	223,211	455,560		455,560
8A		10/01/03 - 06/30/04 07/01/03 - 09/30/03					770 000		201.000	212,032	212,032		212,032
9 9A	Medicare/Medi-Cal Crossover N. R.	10/01/03 - 06/30/04					772,086		201,862	193,939 184,243	395,801 184,243		395,801 184,243
10		07/01/03 - 09/30/03					772,086	20,000,000,000	201,862	4 4 4 4 4 4 4 4 4 4	395,801		395,801
10A	Medicare/Medi-Cal Crossover Gross Reim.	10/01/03 - 06/30/04					772,000		201,002	184,243	184,243		184,243
11	T	07/01/03 - 09/30/03					2,061,563		865,482	2,928,197	3,794,679	207,187	4,001,867
11A	Total SD/MC + Crossover Gross Reim.	10/01/03 - 06/30/04					3,872,028		1,499,229		9,312,287	605,946	9,918,233
12	Enhanced SD/MC (Children) Cost	07/01/03 - 09/30/03						*,*,*,*,*,*,*,*,*,*	2,961	17,477	20,438	1,393	21,831
12A	Enhanced SD/MC (Children) Cost	10/01/03 - 06/30/04							7,206		57,538		57,538
13	Enhanced SD/MC (Children) SMA	07/01/03 - 09/30/03 10/01/03 - 06/30/04							2,570 6,255		18,640 52,535	2,141	20,782 52,535
13A 14	Enhanced SD/MC (Children) P. C.	07/01/03 - 09/30/03							2,959		21,412		21,412
14A	Elinanced SEAMC (Children) F. C.	10/01/03 - 06/30/04							7,199		60,355		60,355
15 15A	Enhanced SD/MC (Children) N. R.	07/01/03 - 09/30/03 10/01/03 - 06/30/04	1111111111111111111						2,570 6,255		18,640 52,535		18,640 52,535
	<u></u>	07/01/03 - 09/30/03						************	2,570		18,640	1,393	20,033
16A	Enhanced SD/MC (Children) Gross Reim.	10/01/03 - 06/30/04							6,255		52,535	1,333	52,535
17	Enhanced SD/MC (Refugees) Cost	07/01/03 - 06/30/04						*************	888	1,	888	410	1,299
18	Enhanced SD/MC (Refucees) SMA	07/01/03 - 06/30/04							771		771	556	1,327
19	Enhanced SD/MC (Refugees) P. C. Enhanced SD/MC (Refugees) N. R.	07/01/03 - 06/30/04 07/01/03 - 06/30/04							888 771	ļ	888		888
20	***************************************	. K.						201 <u>95</u> ,,,,,,,,,	*************				771
21	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/03 - 09/30/03 10/01/03 - 06/30/04					2,061,563 3,872,028		869,052 1,505,483	2,944,267 7,859,339	3,813,319 9,364,822	208,580 605,946	4,021,900 9,970,768
21A	Enhanced SD/MC (Refugees) Gross Reim.	07/01/03 - 06/30/04					3,672,020		771	1,009,009	771	410	1,181
23	<u>, , , , , , , , , , , , , , , , , , , </u>	07/01/03 - 09/30/03					*.*.*.*.*.	#.y.*.*!*! <u>*!*.*!*</u> .				<u>, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,</u>	
23A	Healthy Families Cost	10/01/03 - 06/30/04											
24	Healthy Families SMA	07/01/03 - 09/30/03								-			
24A 25		10/01/03 - 06/30/04 07/01/03 - 09/30/03								-		021222222222222222	
25A	Healthy Families P. C.	10/01/03 - 06/30/04											
26 26A	Healthy Families N. R.	07/01/03 - 09/30/03 10/01/03 - 06/30/04						:		<del>                                     </del>			
	<u></u>						800000000		333333333	100000000000000000000000000000000000000			
27 27A	Healthy Families Gross Reim.	07/01/03 - 09/30/03 10/01/03 - 06/30/04	1				<del>- 1</del>			<del>                                     </del>			
1	Less: Patient and Other Payor Revenue	,											
28	SD/MC + Crossover Revenue	07/01/03 - 09/30/03					785,802		178,052		178,052		178,052
28A 29	Enhanced SD/MC (Children) Revenue	10/01/03 - 06/30/04					<del></del>						
30	Enhanced SD/MC (Refugees) Revenue												
31	Healthy Families Revenue								. 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1				
32	Total Expenditures from MAA (Mode 55)		9,782	656,497	61,836	728,115							
33	Medi-Cal Eligibility Factor (Average)  Revenue - MAA			52.2	9% ::::::::::::::::::::::::::::::::::::								
2	<u> , , , , , , , , , , , , , , , , , , ,</u>	07/01/03 - 09/30/03	1	242.202	20.200	205 445	1,275,761		E04 C00	2 044 207	2 525 257	208,580	3,843,848
35A	Net Due - SD/MC for Direct Services	10/01/03 - 06/30/04	9,782	343,299	32,336	385,416	1,2/5,761 3,872,028		591,000 1,505,483	2,944,267 7,859,339	3,635,267 9,364,822	208,580 605,946	3,843,848 9,970,768
36	Net Due - Enhanced SD/MC (Refugees)						5,5.2,-25		771	.,	771	410	1,181
37 37A	Net Due - Healthy Families	07/01/03 - 09/30/03 10/01/03 - 06/30/04											
2//	Amount Negotiated Rates Exceed Costs	1 (0) 0 (100 - 00/30/04 1 (0) 1 (10 (10 (10 (10 (10 (10 (10 (10 (10 (						*********			111111111111111111111111111111111111111		
38		07/01/03 - 09/30/03					reservation de la		<u> </u>	***************			
38 38A 39	SD/MC (Includes Children)	10/01/03 - 06/30/04											
39	Enhanced SD/MC (Refugees)	07/01/03 - 09/30/03											
40A	Healthy Families	10/01/03 - 06/30/04							_				
.,,,,,													-

#### CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

#### DETAIL COST REPORT

#### DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (08/04)

County: SANTA CLARA COUNTY County Code: 43

Legal Entity: SANTA CLARA COUNTY		Α	В	С	D	E	F	G ·	Н	1	J
egal Entity Number: 00043		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	54.35% FFP	52.95% FFP	<sup>1</sup> Variable % FFP	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County Only)											
1 County SD/MC Direct Service Gross Reimbursement			5,933,591	13,993,849	19,927,440						
2 Contract Providers Medi-Cal Direct Service Gross Reimbursement			2,005,590	44,703,978	46,709,568						
3 Total Medi-Cal Direct Service Gross Reimbursement					66,637,008						
4 Medi-Cal Administrative Reimbursement Limit					9,995,551						
5 Medi-Cal Administration					13,066,075						
6 Medi-Cal Administrative Reimbursement					9,995,551	4,997,776					4,997,77
Healthy Families Administrative Reimbursement (County Only)											
7 County Healthy Families Direct Service Gross Reimbursement			1-1-1-1-1-1-1-1-1-1-1-1-1-1	1-	<u> </u>						
A Contract Providers Healthy Families Direct Service Gross Reim.				27,595	27,595						
B Total Healthy Families Direct Service Gross Reimbursement					27,595						
B Healthy Families Administrative Reimbursement Limit					2.760						
Healthy Families Administration											
10 Healthy Families Administrative Reimbursement									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Marandara (Caraca)
SD/MC Net Reimbursement for MAA		9.782			0.702	4.891					
11 Medi-Cal Admin. Activities Svc Functions 01 - 09 12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39		343,299			9,782 343,299	171,649					4,89
13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)		32,336			343,299	1/1,049				24.252	171,64 24,25
		32,330			32,330					24,232	24,23
4 Utilization Review-Skilled Prof. Med. Personnel (County Only)					715,469					536,602	536,60
Other SD/MC Utilization Review (County Only)					192,996	96,498					96,49
6 SD/MC Net Reimbursement for Direct Services	07/01/03 - 09/30/03		1,275,761	3,823,815	5,099,576		2,771,620				2,771,62
	10/01/03 - 06/30/04		3,872,028	9,918,233	13,790,261			7,301,943			7,301,94
7 7A Enhanced SD/MC Net Reimb. (Children)	07/01/03 - 09/30/03			20,033	20,033				13.021		13.02
	10/01/03 - 06/30/04			52,535	52,535				34,148		34,14
18 Enhanced SD/MC Net Reimb. (Refugees)				1,181	1,181				1,181		1,18
19   Total SD/MC Reimbursement Before Excess FFP											15,953,58
O Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC											10,5
1 Total SD/MC Reimbursement (FFP)											15,953,58
2 Contract Limitation Adjustment											,,
3 Adjusted Total SD/MC Reimbursement (FFP)											15,953,58
24	07/01/03 - 09/30/03		<u>तत्रकार्यम् स्टब्स्टर्ग</u>	<u>aas alajaiajaisialala</u>					<u> energial de la como</u>		
Healthy Families Net Reimbursement	10/01/03 - 09/30/03										
Total Healthy Families Reimbursement Before Excess FFP     Amount Negotiated Rates Exceed Costs - Healthy Families			1-1-1-11/1/2011/1/11/11/11	(*1*1*1*1 <sup>*</sup> 1*1*1*1*1*1*1 <u>*1</u> 1*1*1							
7 Total Healthy Families Reimbursement				епеличиная							<del></del>
1 Total Freditty Families Neurobusement											